

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
097601483

FILING DATE
01/16/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2	✓					
3	✓					
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TOTAL IND.	3					
TOTAL DEP.	0	↔	↔	↔		
TOTAL CLAIMS	3					

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IND.	DEP.	IND.	DEP.	IND.
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TOTAL IND.		↔	↔	↔
TOTAL DEP.		↔	↔	↔
TOTAL CLAIMS				

BEST AVAILABLE COPY